PROGRESS REPORT FOR: Clinical Preventive Services

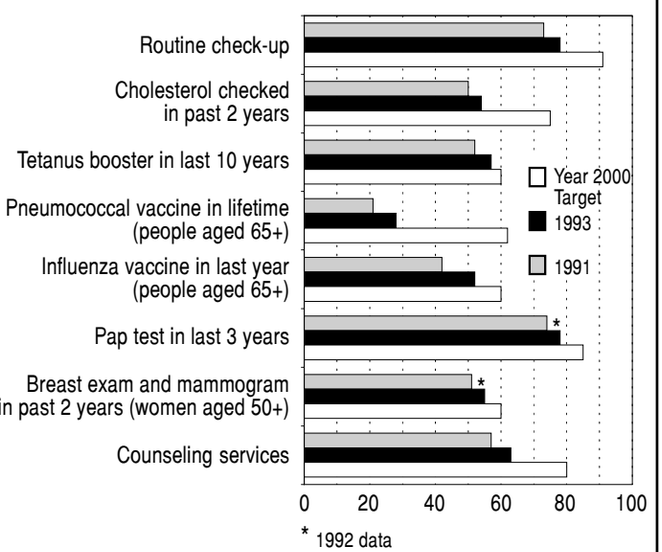
ON JUNE 26, 1995, the Public Health Service (PHS) conducted its second HEALTHY PEOPLE 2000 progress review on Clinical Preventive Services (CPS). Building stronger, more effective partnerships to enhance access to and delivery of CPS was the underlying theme throughout the presentations and discussion and was reflected in the range of public agencies and private organizations assembled to address the critical issues and questions related to CPS.

The Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), the co-lead agencies within PHS for this priority area, coordinated and led the progress review. Other Federal participants included representatives from the Administrator's Office and the Medicaid Bureau of the Health Care Financing Administration (HCFA), the U.S. Air Force and the PHS Office of Disease Prevention and Health Promotion. Other invitees included representatives from the Health Insurance Plan of Greater New York, Nationwide Life Insurance Company, Washington Business Group on Health, National Committee for Quality Assurance (NCQA), Association of American Medical Colleges, American Nurses Association, American Academy of Family Physicians, and Maryland State Department of Health and Mental Hygiene.

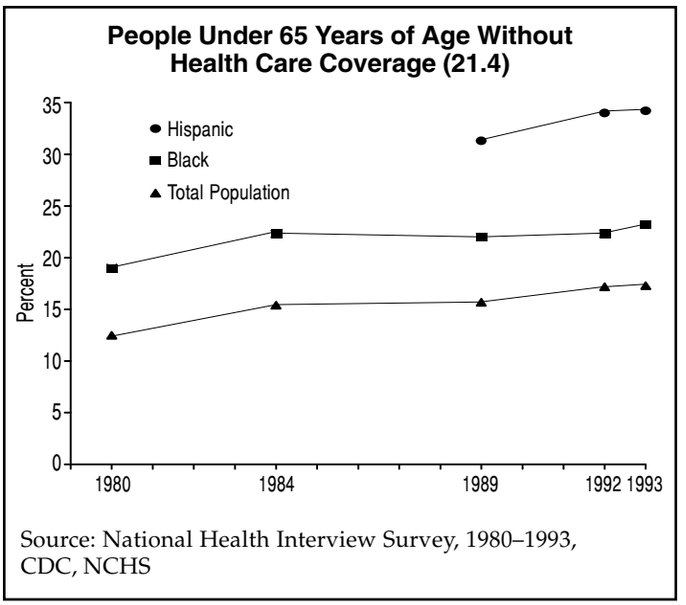
The HRSA Administrator and CDC Director, with the Deputy Administrator of HCFA, provided an overview. HRSA framed the issues, emphasizing the need to work with the States and managed care organizations (MCOs) to provide essential services to vulnerable and high-risk populations and to take advantage of new information technologies to educate consumers and health care professionals about CPS. CDC stressed the importance of partnerships between public health and primary care to provide comprehensive and coordinated care, to provide leadership in the community, and to demonstrate and promote the effectiveness of prevention in managed care. HCFA briefly described the preventive services covered by Medicare (e.g., mammograms, pap smears) and its consumer information campaign on influenza vaccines. HCFA also pointed out that the majority of eligible Medicare beneficiaries are not being encouraged by their physicians to obtain mammograms.

The review of progress and data indicated general movement in the right direction for most of the eight objectives. The most positive trends relate to receipt of CPS among adults (objective 21.2), with increases over time for each of the recommended services. The greatest gap between current (28 percent in 1993) and targeted (60 percent) levels is with pneumococcal vaccine for the elderly. The greatest negative trends exist for people under 65 years of age without health care coverage (objective 21.4), for which 1993 National Health Interview Survey data show movement away from targets and disparities between Hispanic (34.2 percent) and black (23.2 percent) populations with the total population (17.3 percent). Other data issues raised included the need to better define and calculate "years of healthy life" (objective 21.1) and to understand why data show a negative trend for the total population and especially for blacks and Hispanics, better define and quantify a "counseling intervention" (objective 21.2) and "primary source of care" (objective 21.3), and improve collection of data on CPS across publicly funded programs (objective 21.5). Other issues related to overall progress on the objectives included the need to understand why less than the recommended range of CPS is provided by some primary care providers

Receipt of Clinical Preventive Services Among Adults (21.2)



Source: National Health Interview Survey, 1991–1993, CDC, NCHS



Source: National Health Interview Survey, 1980–1993, CDC, NCHS

(objective 21.6) and the need to improve access for CPS, not only the assessment but the assurance function in local health departments (objective 21.7).

Brief summaries describing the work of the U.S. Preventive Services Task Force (USPSTF) and the "Put Prevention Into Practice" (PPIP) campaign were presented. Issues addressed included the need to incorporate new CPS guidelines into future health promotion/disease prevention objectives, to ensure that delivery of these interventions can be measured and tracked, and to ensure widest possible dissemination and implementation of CPS recommendations. Training-the-trainer materials and an updated *Clinicians' Handbook* are being developed. To broaden the network for the dissemination of PPIP, an electronic version is under development.

The remainder of the progress review entailed a discussion of the following key issues: building CPS into basic health benefit packages; linking private sector initiatives with State and local public health efforts to ensure provision of CPS, especially to vulnerable populations; providing incentives for encouraging reimbursement to providers for CPS; increasing racial and ethnic diversity in health professions training; overcoming barriers to the provision of CPS; and educating consumers and employers to demand CPS from their health plans as well as to utilize the preventive services already offered.

The progress review concluded with a summary of action items to foster the work of PHS, other Federal agencies, and State and private sector partners towards achievement of the HEALTHY PEOPLE 2000 objectives related to CPS. Based on the discussion, participants identified a number of follow up actions related to the need for better training of physicians and other health care providers, and better education of both providers and consumers about CPS. These included developing a plan for more explicit targeting of PPIP to non-physician providers; more development and dissemination of information about CPS, about the benefits and effectiveness of CPS, the USPSTF recommendations, and PPIP—taking advantage of new information technologies whenever possible; working with appropriate PHS agencies and other HHS entities on additional targeted versions of the PPIP personal health guide (e.g., for adolescents, for older Americans).

Additional follow up actions included work by PHS leadership with the Group Health Association of America, NCQA, or other appropriate organizations to identify ways to collaborate on PPIP and to strengthen incorporation of CPS into quality health care; exploring the use of a single Health Plan Employer Data Information System instrument to evaluate performance of Medicaid and other health care plans; tailoring PHS approaches to promoting and providing CPS to different managed care models; developing a proposal to mainstream substance abuse and mental health prevention activities into CPS; developing a strategy for defining "counseling intervention"; directing/redirecting research to addressing the gaps in science to answer questions about the USPSTF recommendations; developing strategies with the business community for strengthening employer support and demand for CPS; conducting evaluations to demonstrate and promote the effectiveness of prevention in managed care as well as the effects of CPS on health, medical practice, quality of care, productivity, absenteeism, and long-term cost savings; and ensuring appropriate follow up to the second set of USPSTF recommendations.

Public Health Service Agencies

Agency for Health Care Policy and Research
Agency for Toxic Substances and Disease Registry
Centers for Disease Control and Prevention
Food and Drug Administration
Health Resources and Services Administration
Indian Health Service
National Institutes of Health
Substance Abuse and Mental Health Services Administration
Office of the Surgeon General

HEALTHY PEOPLE 2000 Coordinator

Office of Disease Prevention and Health Promotion
Humphrey Building, Room 738G
200 Independence Avenue SW.
Washington, DC 20201
202–205–8611

Philip R. Lee, M.D.
Assistant Secretary for Health